

SC State Emergency Response Commission January, 1995

Please type in ALL CAPS and put N/A for "Not available" or "Not Applicable" where appropriate

Reporting Period: 19 Info same as last year? Y/N Facility Name> Divison/specific Mailing Address Street Address City State Zip Cross Street County Latitude Longitude Type of Business SIC Codes Dun & Brad# Owner/Operator Mail Address Site Plan Attached
Y/N>Site Coordinates used on plan? Y/N> Spill Prevention devices shown?Y/N>

Emergency Contacts

Local Contact
Name Title

Work

24 Hr. Backup Contact Title

Work

24 Hr.

Company/Facility EPCRA Compliance Coordinator (whoever filled out this form)

Name & Org.

Compliance

CERTIFICATION by Responsible Organization Official (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Typed Name Signature Signed: MO DD YR

EPCRA Tier Two Form: HAZARDOUS CHEMICAL INVENTORY

Page ____ of ____ pages

Reporting Period: 19 Info Identical last year? Y/N-> Storage Locations Confidential? Y/N-> Facility
Name>

SC SERC Nov 1994

Chemical
Name

CAS #>

Ingredients

UN/NA

EHS?

Physical
state

Pure Mixture Solid Liquid Gas

Hazards

Fire Pressure Reactive Acute Chronic

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Max Daily

Avg Daily
AmountDays on
Site

Container

Pressure

Temperature

STORAGE LOCATION

Max in largest vessel

Diked/ spill containment area? Y/N

Chemical
Name

CAS #>

Hazardous
Ingredients

UN/NA

EHS?

Physical
state

Pure Mixture Solid Liquid Gas

Hazard

Fire Pressure Reactive Acute Chronic

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Max Daily
AmountAvg Daily
AmountDays on
Site

Inner

Pressure

Temperature

STORAGE LOCATION

Max in largest vessel

Diked/ spill containment area? Y/N

Chemical
Name

CAS #>

Hazardous
Ingredients

UN/NA

EHS?

Physical
state

Pure Mixture Solid Liquid Gas

Hazards

Fire Pressure Reactive Acute Chronic

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Max Daily
AmountAvg Daily
AmountDays on
Site

Container

Pressure

Temperature

STORAGE LOCATION

Max in largest vessel

Diked/ spill containment area? Y/N

CERTIFICATION

Typed Name

Signed: MO

DD

YR

Signature